



Oklahoma State Department of Health
Creating a State of Health

May 22, 2018

CERTIFIED MAIL
7016 2140 0000 1046 7948

Jail Administrator
Nowata County Jail
229 N Maple
Nowata OK 74048

Dear Sheriff Freeman:

An inspection was conducted at your facility by a member of the Jail Inspection Division. This inspection identified violations of the Oklahoma Administrative Code (OAC) in Title 310, Chapter 670, Jail Standards.

Pursuant to Title 74 of the Oklahoma Statutes, at Section 193(B), you are provided a report of the inspection in the enclosed *list of deficiencies ... and specific proposals for their solution*. You are provided notice the jail is not in substantial compliance.

Pursuant to Title 74 O.S. Section 194, *[if] the deficiencies listed in the report have not been corrected, within sixty (60) days after delivery of the report, the Commissioner of Health shall be authorized to file a complaint with the Attorney General or the district attorney.*

Sincerely,

Scott Chisholm
Program Manager
Jail Inspection Division

Enc. Statement of Deficiencies

c Nowata County Commissioners
Tina Johnson, Deputy Commissioner, Community & Family Health Services
Nowata County Health Administrator

OKLAHOMA STATE DEPARTMENT OF HEALTH
DETENTION FACILITY INSPECTION DIVISION
LIST OF DEFICIENCIES AND PROPOSALS FOR SOLUTION



DETENTION FACILITY:	Nowata County	INSPECTION DATE:	April 4, 2018
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REPORT DATE May 22, 2018	60-DAY CORRECTION DATE 60 Days from Notice of Delivery	CERTIFIED MAIL RECEIPT# 7016 2140 0000 1046 7948
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OAC: 310:670	STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY IDENTIFYING INFORMATION)	PROPOSALS FOR SOLUTION [74 O.S. § 193(B)(1)]
5-2(28)(D)	<p>INITIAL COMMENTS</p> <p>The Oklahoma State Department of Health conducted an annual inspection and investigation of complaints and incidents (SAS-2018-012), on April 4, 2018. The census was 27.</p> <p>Based on the violation(s) cited below, the Detention Facility is not in substantial compliance.</p> <p>The following deficient practice(s) were identified:</p> <p>Security and control The facility administrator shall develop and implement written policies and procedures for the safety, security and control of staff, prisoners and visitors. Policies and procedures shall address at least the following:</p> <p>.....</p> <p>(28) The Department shall be notified no later than the next working day if any of the following incidents occur: (D) Serious suicide attempt, defined as life threatening or requiring transfer to outside medical facility;</p> <p>This Rule was not met as evidenced by:</p> <p>Incident SAS-2018-012 occurred on February 13, 2018, and wasn't reported until February 19, 2018.</p>	<p>Pursuant to Title 74, Section 193(B)(1), the Department proposes the following solution:</p> <p>It is recommended that the Detention Facility administrator do the following :</p> <ol style="list-style-type: none"> 1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the current expected practice and revise as needed. 3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of Detention Facility staff on the policy. 4) Review and adopt further corrective actions as needed based on observations and interviews.

**OKLAHOMA STATE DEPARTMENT OF HEALTH
PROTECTIVE HEALTH SERVICES
JAIL INSPECTION DIVISION**



INVESTIGATION REPORT C-2018-005

Date Of Investigation:

April 4, 2018

Facility:

Nowata County Jail

ALLEGATION 1: No general medical care for inmate (complainant did say inmate had been taken to doctor).

ALLEGATION 2: Mold in facility.

ALLEGATION 3: Hair found in food.

On January 9, 2018, a complaint(s) was received regarding this Jail. An investigation of the complaint(s) pursuant to Title 74 of the Oklahoma Statutes, Section 192, and Title 310 of the Oklahoma Administrative Code, Chapter 670, *Jail Standards* was conducted on April 4, 2018. The findings of the investigation are as follows:

ALLEGATION #1 FINDINGS:

THIS ALLEGATION WAS:

☐ Substantiated ☒ Unsubstantiated ☐ Substantiated But Previously Corrected

Based on the investigation of this allegation a violation of the Jail Standards ☐ was ☒ was not] identified.

Based on interview with the sheriff, the jail has a doctor that the inmates will see after a valid written request has been received by jail staff. Record review for Inmate #1 did not find any documentation for medical care.

ALLEGATION #2 FINDINGS:

THIS ALLEGATION WAS:

☐ Substantiated ☒ Unsubstantiated ☐ Substantiated But Previously Corrected

Based on the investigation of this allegation a violation of the Jail Standards ☐ was ☒ was not] identified.

APRIL 4, 2018
NOWATA COUNTY JAIL
INVESTIGATION REPORT C-2018-005
PAGE 2 OF 2

Based on observation and interview, no mold was found in the facility.

ALLEGATION #3 FINDINGS:

THIS ALLEGATION WAS:

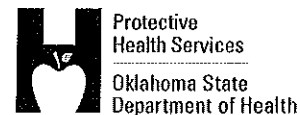
☐ Substantiated ☒ Unsubstantiated ☐ Substantiated But Previously Corrected

Based on the investigation of this allegation a violation of the Jail Standards ☐ was ☒ was not] identified.

Based on interview with the inmates, there were no complaints about the food.

DISPOSITION: No further action required.

**OKLAHOMA STATE DEPARTMENT OF HEALTH
PROTECTIVE HEALTH SERVICES
JAIL INSPECTION DIVISION**



INVESTIGATION REPORT SAS-2018-012

Date of Investigation: April 4, 2018
Facility: Nowata County Jail

INCIDENT REPORT OBSERVATIONS:

Type of Incident: Serious Attempted Suicide
Date of Occurrence: February 13, 2018
Date Reported: February 19, 2018
Reporting Party: Thomas Kerr

Incident Description: The facility's incident report described the incident as follows:

Around 0130 hrs. inmates went into bathroom. Offender started screaming man. Detention Officer observed Walls enter the bathroom and start screaming for him (Hagebusch) to get in there. Hagebusch went into the back and Inmates Walls and Adair advised that Inmate #1 was attempting to hang himself. DO advised; ran into dispatch to get EMS, Fire and Police. DO then returned to booking to call supervisor.

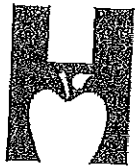
On April 4, 2018 an investigation pursuant to Title 74 of the Oklahoma Statutes, Section 192, and Title 310 of the Oklahoma Administrative Code, Chapter 670, *Jail Standards* was conducted. The findings of the investigation are as follows:

FACTS DETERMINED BY THE INVESTIGATION:

Based on the investigation of this incident a violation of the Jail Standards ☒ was ☐ was not] identified.

Incident occurred on February 13, 2018, and not reported to Department until February 19, 2018. A record review of statements and interview with Jail Administrator show improper handling of situation according to Jail Standards.

DISPOSITION: A report of deficiency will be issued pursuant to Title 74, Section 193(B).



Health Resources
Development Service
Oklahoma State
Department of Health

Jail Inspection Division
Oklahoma State Department of Health
1000 NE 10th Street - Oklahoma City, OK 73117
Telephone (405) 271-3912 - Fax (405) 271-5304
E-mail jails@health.ok.gov
<http://jails.health.ok.gov>

JAIL INSPECTION REPORT

DATE: 4-4-2018

Type of Facility: (Check One) COUNTY ☒

CITY ☐

LOCK-UP ☐

Facility: Nowata

Mailing Address: 224 North Maple St

City: Nowata

County: Nowata

Zip: 74048

Sheriff/Chief: Kenny Freeman

Jail Administrator: T.J. Ken

Jail Administrator's Phone: 918-273-2287 Jail Administrator E-Mail: nowata15@yahoo.com

Jail Fax #: 918-273-2287

Medical Authority: Morton Clinic + Dr. Laughlin + Nowata Juv Phillip Hospital

Staffing: Day Shift (M) 5 (F) 3 Evening (M) 3 (F) 1 Night (M) 2 (F) 1

Total Male Beds: 56 Female Beds: 7 Juvenile Beds: 0 Special Cells: 2

Population Today: 27 Rated Capacity: 67 Avg. Daily Population: 30 Men 20 Women 0

Sentenced: Male 4 Fem 0 Juv Male 0 Juv Fem 0 Total 4

Unsentenced: Male 20 Fem 3 Juv Male 0 Juv Fem 0 Total 23

DOC J&S: 4 Menu Approved by Licensed Dietitian (Long Term Jail Only) Yes ☒ No ☐

Food Prepared By: Staff + Inmate Approved Form for Book In Yes ☒ No ☐

Inmates with mental health issues appropriately segregated Yes ☒ No ☐

Facility has written policy regarding inmates with mental health problems Yes ☒ No ☐

DEFICIENCIES: Title 310 Chapter 670

Facility in substantial compliance Yes ☒ No ☐

Deficiencies noted during inspection Yes ☐ Statement of Deficiencies to follow

I ACKNOWLEDGE REVIEW OF THIS REPORT
AND SWEAR THAT THE INFORMATION GIVEN
BY ME IS TRUE TO THE BEST OF MY KNOWLEDGE.

Kenny Freeman
Signature of Jail Representative

I CERTIFY THAT THIS INSPECTION COVERED
ALL APPLICABLE STANDARDS.

Olivia Dickson
Signature of Inspector/Investigator

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Attention: Jail Administrator
Nowata County Jail
229 N Maple
Nowata OK 74048



9590 9402 3658 7335 3305 74

2

7016 2140 0000 1046 7948

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

5-25-18

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
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- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Delivery Restricted Delivery

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☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

(over \$500)

Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt



Health Resources
Development Service
Oklahoma State
Department of Health

Jail Inspection Division
Oklahoma State Department of Health
1000 NE 10th Street · Oklahoma City, OK 73117
Telephone (405) 271-6868 · Fax (405) 271-5304
jails@Health.ok.gov
<http://jails.health.ok.gov>

JAIL INCIDENT REPORT

To submit an incident report to the Jail Inspection Division, complete this form and hit the submit button above to e-mail to jails@Health.ok.gov or fax to (405) 271-5304.

DO NOT INCLUDE ANY ATTACHMENTS.

310:670-5-2(27) Security and control

In case of a death or an escape with injury, the Department shall be notified **immediately**.

310:670-5-2(28) Security and control

The Department shall be notified no later than the **next working day** if any of the following occur: (A) Extensive damage to jail property; (B) Serious injury to staff or prisoner defined as life threatening or requiring transfer to outside medical facility; (C) Escape; (D) Serious suicide attempt, defined as life threatening or requiring transfer to outside medical facility.

Date:

Name of reporting party:

1. Check the box identifying the type of incident.

Death ☐ Death by Suicide ☐ Serious Suicide Attempt ☒ Escape ☐
Escape with Injury ☐ Serious Injury to Jail Staff ☐ Serious Injury to Prisoner ☐

2. Complete the following facility information:

Facility name: *Nowata County Sheriff*

3. Enter name of detention staff and prisoner below.

Detention Staff Name: *Chris Hagebusch* Prisoner Name: [REDACTED]

4. Enter the date, time, and location of the incident below.

Date of Occurrence: *2018/03/12* Time: *0130 hrs* In *General Population*
Unit.

Jail Incident Report (continued)

5. Briefly describe what happened.

Around 0130 hrs Inmates went into bathroom offender started screaming man. Detention officer observed walls enter the bathroom and start screaming for him (Hagebusch) to get in there. Hagebusch went into the back and Inmates [REDACTED] advised that inmate [REDACTED] was attempting to hang himself. P.O. advised Run into dispatch to get EMS, Fire, And Police. P.O then Returned to booking to call Supervisor J.

6. List any witnesses to the incident.

Dylan Perkins, Jailer/Dispatcher
James Pike, ~~EM~~ Paramedic.
Christopher Sitsler - Undersheriff
Chris Hagebusch - Jailer
Brian Hewitt - Firefighter.


Signature of Reporting Party

Title/Position Major



Oklahoma State Department of Health
Creating a State of Health

May 22, 2018

CERTIFIED MAIL
7016 2140 0000 1046 7948

Jail Administrator
Nowata County Jail
229 N Maple
Nowata OK 74048

Dear Sheriff Freeman:

An inspection was conducted at your facility by a member of the Jail Inspection Division. This inspection identified violations of the Oklahoma Administrative Code (OAC) in Title 310, Chapter 670, Jail Standards.

Pursuant to Title 74 of the Oklahoma Statutes, at Section 193(B), you are provided a report of the inspection in the enclosed *list of deficiencies ... and specific proposals for their solution*. You are provided notice the jail is not in substantial compliance.

Pursuant to Title 74 O.S. Section 194, *[if] the deficiencies listed in the report have not been corrected, within sixty (60) days after delivery of the report, the Commissioner of Health shall be authorized to file a complaint with the Attorney General or the district attorney.*

Sincerely,

Scott Chisholm
Program Manager
Jail Inspection Division

Enc. Statement of Deficiencies

c Nowata County Commissioners
Tina Johnson, Deputy Commissioner, Community & Family Health Services
Nowata County Health Administrator

OKLAHOMA STATE DEPARTMENT OF HEALTH
DETENTION FACILITY INSPECTION DIVISION
LIST OF DEFICIENCIES AND PROPOSALS FOR SOLUTION

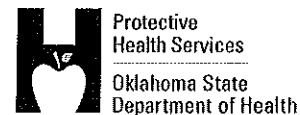


DETENTION FACILITY:	Nowata County	INSPECTION DATE:	April 4, 2018
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REPORT DATE May 22, 2018	60-DAY CORRECTION DATE 60 Days from Notice of Delivery	CERTIFIED MAIL RECEIPT# 7016 2140 0000 1046 7948
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OAC: 310:670	STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY IDENTIFYING INFORMATION)	PROPOSALS FOR SOLUTION [74 O.S. § 193(B)(1)]
5-2(28)(D)	<p>INITIAL COMMENTS</p> <p>The Oklahoma State Department of Health conducted an annual inspection and investigation of complaints and incidents (SAS-2018-012), on April 4, 2018. The census was 27.</p> <p>Based on the violation(s) cited below, the Detention Facility is not in substantial compliance.</p> <p>The following deficient practice(s) were identified:</p> <p>Security and control The facility administrator shall develop and implement written policies and procedures for the safety, security and control of staff, prisoners and visitors. Policies and procedures shall address at least the following:</p> <p>.....</p> <p>(28) The Department shall be notified no later than the next working day if any of the following incidents occur: (D) Serious suicide attempt, defined as life threatening or requiring transfer to outside medical facility;</p> <p>This Rule was not met as evidenced by:</p> <p>Incident SAS-2018-012 occurred on February 13, 2018, and wasn't reported until February 19, 2018.</p>	<p>Pursuant to Title 74, Section 193(B)(1), the Department proposes the following solution:</p> <p>It is recommended that the Detention Facility administrator do the following :</p> <ol style="list-style-type: none"> 1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the current expected practice and revise as needed. 3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of Detention Facility staff on the policy. 4) Review and adopt further corrective actions as needed based on observations and interviews.

OKLAHOMA STATE DEPARTMENT OF HEALTH
PROTECTIVE HEALTH SERVICES
JAIL INSPECTION DIVISION



INVESTIGATION REPORT SAS-2018-012

Date of Investigation: April 4, 2018
Facility: Nowata County Jail

INCIDENT REPORT OBSERVATIONS:

Type of Incident: Serious Attempted Suicide
Date of Occurrence: February 13, 2018
Date Reported: February 19, 2018
Reporting Party: Thomas Kerr

Incident Description: The facility's incident report described the incident as follows:

Around 0130 hrs. inmates went into bathroom. Offender started screaming man. Detention Officer observed Walls enter the bathroom and start screaming for him (Hagebusch) to get in there. Hagebusch went into the back and Inmates Walls and Adair advised that Inmate #1 was attempting to hang himself. DO advised; ran into dispatch to get EMS, Fire and Police. DO then returned to booking to call supervisor.

On April 4, 2018 an investigation pursuant to Title 74 of the Oklahoma Statutes, Section 192, and Title 310 of the Oklahoma Administrative Code, Chapter 670, *Jail Standards* was conducted. The findings of the investigation are as follows:

FACTS DETERMINED BY THE INVESTIGATION:

Based on the investigation of this incident a violation of the Jail Standards ☒ was ☐ was not] identified.

Incident occurred on February 13, 2018, and not reported to Department until February 19, 2018. A record review of statements and interview with Jail Administrator show improper handling of situation according to Jail Standards.

DISPOSITION: A report of deficiency will be issued pursuant to Title 74, Section 193(B).



Oklahoma State Department of Health
Creating a State of Health

March 12, 2018

CERTIFIED MAIL
7015 1520 0001 8887 9297

Jail Administrator
Nowata County Jail
229 N Maple
Nowata OK 74048

Dear Sheriff Hadley:

A recent inspection was conducted at your facility by a member of the Jail Inspection Division. The results of the findings are attached.

Sincerely,

Scott Chisholm
Program Manager
Jail Inspection Division

c Nowata County Commissioners
Tina Johnson, Deputy Commissioner, Community & Family Health Services
Nowata County Health Administrator

Encl

Board of Health

Martha A Burger, MBA (*President*)
Cris Hart-Wolfe (*Vice President*)
Robert S Stewart, MD (*Secretary-Treasurer*)

Jenny Alexopoulos, DO
Terry R Gerard II, DO
Charles W Grim, DDS, MHSA

Timothy E Starkey, MBA
Edward A Legako, MD
R Murali Krishna, MD

Brian Downs
Acting Commissioner of Health

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OKLAHOMA STATE DEPARTMENT OF HEALTH
JAIL INSPECTION DIVISION
LIST OF DEFICIENCIES AND PROPOSALS FOR SOLUTION

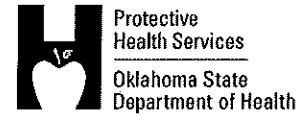


JAIL: Nowata	INSPECTION DATE: October 24, 2017
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REPORT DATE March 12, 2018	60-DAY CORRECTION DATE 60 Days from Notice of Delivery	CERTIFIED MAIL RECEIPT# 7015 1520 0001 8887 9297
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OAC: 310:670	STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY IDENTIFYING INFORMATION)	PROPOSALS FOR SOLUTION [74 O.S. § 193(B)(1)]
5-2(28)(D)	<p>INITIAL COMMENTS</p> <p>The Oklahoma State Department of Health conducted an Serious Attempted Suicide (SAS-2017-014) investigation on 10/24/17. Should have recorded the census.</p> <p>Based on the violation(s) cited below, the jail is not in substantial compliance.</p> <p>The following deficient practice(s) were identified:</p> <p>SECURITY AND CONTROL</p> <p>The facility administrator shall develop and implement written policies and procedures for the safety, security and control of staff, prisoners and visitors. Policies and procedures shall address at least the following:</p> <p>(28) The Department shall be notified no later than the next working day if any of the following incidents occur:</p> <p>(D) Serious suicide attempt, defined as life threatening or requiring transfer to outside medical facility.</p> <p>This Rule was not met as evidenced by:</p> <p>Based on record review, it was determined the facility failed to notify the department within one working day after the incident occurred.</p> <p>Findings:</p> <p>1. Record reviewed documented that the incident occurred on June 10, 2017. The facility did not notify Department until June 16, 2017.</p>	<p>Pursuant to Title 74, Section 193(B)(1), the Department proposes the following solution:</p> <p>It is recommended that the jail administrator do the following :</p> <ol style="list-style-type: none"> 1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the current expected practice and revise as needed. 3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of jail staff on the policy. 4) Review and adopt further corrective actions as needed based on observations and interviews.

OKLAHOMA STATE DEPARTMENT OF HEALTH
PROTECTIVE HEALTH SERVICES
JAIL INSPECTION DIVISION



INVESTIGATION REPORT SAS-2017-014

Date of Investigation: October 24, 2017
Facility: Nowata County Jail

INCIDENT REPORT OBSERVATIONS:

Type of Incident: Serious Attempted Suicide
Date of Occurrence: 06/10/17
Date Reported: 06/16/17
Reporting Party: Billie Lafferty

Incident Description: The facility's incident report described the incident as follows:

Inmate #1 left a suicide note for his family and then tied a blanket around his neck to hang himself. One of the inmates that was in the cell heard a noise and went to see what was going on and saw him there and started to yell for help as he was trying to lift him up. Jailer Robert Kerr, Brandon Carter and Officer Billy Bright got him down by cutting the blanket. And brought him up front to be checked out by EMS. The ems crew advised that he was fine and he was put on suicide watch. He was also taken to Four County Mental Health to see the doctor and was put on some meds. We already had a medical release from him to be able to get meds and take to his doctor on file. He had also signed one for his sister to get some meds and bring them up here to us but she never did.

On October 24, 2017, an investigation pursuant to Title 74 of the Oklahoma Statutes, Section 192, and Title 310 of the Oklahoma Administrative Code, Chapter 670, *Jail Standards* was conducted. The findings of the investigation are as follows:

FACTS DETERMINED BY THE INVESTIGATION:

Based on the investigation of this incident a violation of the Jail Standards ☒ was ☐ was not] identified.

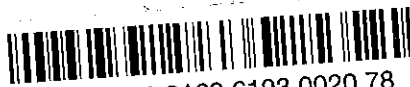
The incident occurred on June 10, 2017, and was not reported to the Department until June 16, 2017.

DISPOSITION: A report of deficiency will be issued pursuant to Title 74, Section 193(B).

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Nowata County Jail
229 N Maple
Nowata OK 74048



9590 9402 2169 6193 0020 78

2 7015 1520 0001 8887 9297

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kelsey Dale*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RECEIVED
HRDS

MAR 22 2018

3. Service Type

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- ☐ Adult Signature Restricted Delivery
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- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery

(over \$500)

Domestic Return Receipt